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## APPLICANTS

Willi Kaiser, Emmendingen, GERMANY;

Martin Findeis, Freiburg, GERMANY;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/578,297 05/25/2000 PAT 6,701,182

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
met	GERMANY	6	25	3
Verified and Acknowledged	Examiner's Signature <i>Frances P. Oropesa</i>	Initials <i>JP</i>		

## ADDRESS

26753  
 ANDRUS, SCEALES, STARKE & SAWALL, LLP  
 100 EAST WISCONSIN AVENUE, SUITE 1100  
 MILWAUKEE, WI  
 53202

## TITLE

Method and apparatus for analyzing a physiological waveform

FILING FEE  RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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